



WASATCH COUNTY HOSPITAL

55 SOUTH 5th EAST • HEBER CITY, UTAH 84032

EMR MRW

E/E EMERGENCY DETAIL

DETAIL BILL

IRS NO 94-2854057

PATIENT NAME
MCKNIGHT, JOHN

M 073184 KELLY, JANET R

BILL TO: MCKNIGHT, JOHN
694 WEST 850 SOUTH
WOODCROSS, UT 84087

DATE ADMITTED 7/28/84 18.1	DATE DISCHARGED 7/28/84 18.1	PAGE NO.
(FC) 4848	PATIENT NUMBER 500895-8	STATEMENT DATE 7/28/84
DOCTOR KELLY, JANET R		DIAGNOSIS
INSURANCE CARRIER		
GROUP NUMBER 4848-UTAH STATE PUBLIC EMPLOYEES	POLICY NUMBER 528-44-7101	

7/31/84

801:292-1285

DATE OF POSTING	SERVICE CODE	SERVICE DESCRIPTION	RVS	QUANTITY	AMOUNT	REFERENCE	REMARKS
7/31/84	0200014	EMERGENCY ROOM					
7/31/84	0200329	EMERGENCY ROOM SERVICE		1	28.00	00016	012
7/31/84	0200220	SUTURE TRAY - REG.		1	18.00	00016	012
		SUTURE PAKS		3	27.00	00016	012
		** SUBTOTAL ** 5	73.00				
7/31/84	7500093	PHARMACY					
		DRUGS USED IN E.R.		1	9.00	00016	075
		** SUBTOTAL ** 1	9.00				
7/31/84	9200908	E.R. PHYSICIANS FEE					
		ER PHYS FEE		1	330.00	00016	092
		** SUBTOTAL ** 1	13240 330.00				
TRANS TOTALS W/O BAL FWD			CHARGES	412.00			
			ADJUSTMENTS	.00			
			PAYMENTS	.00			

This account has been billed to your insurance company. If this billing is not paid by them within 60 days, we will ask you to pay your account in full. You, then may look to your insurance company for reimbursement. If payment is made by your insurance company within 60 days and there is any balance above the payment, this will be billed directly to you.

*U-Shaped (fish-mouth)
laceration of thumb - many sutures
by Dr. Kelly - finally was
skin grafted*

NOTE: TO AVOID PAYMENT OF 1.5% DELAYED PAYMENT
(18% ANNUAL PERCENTAGE RATE) YOUR PAYMENT MUST
BE MADE IN FULL WITHIN 25 DAYS OF THE STATEMENT DATE.

PAYMENT MADE AFTER
THIS DATE WILL
APPEAR ON NEXT STATEMENT

412.00

PLEASE PAY THIS
AMOUNT

